# #Animadversions on a #Crummy #Tract perpetrated by #TCHC and its rubber-stamper and their MINDERS called "ACCOUNTABILITY FRAMEWORK"

December 28, 2020

I feel like I've gone back in time, animadverting on a crummy tract, the so-called "Accountability Framework" below.  I just hope I'm Andrew Marvell, not Samuel Parker.  That really would be too much….

Edit Stats

I'll return to this from time to time, to add more "animadversions," as they occur to me.

It's also the kind of thing I find really painful to read, but duty requires I do so.  I have to do so in stages, however.  It's the reading equivalent of eating glue.

Finally, it's probably all irrelevant now.  The City is not just broke but broken by this plague that shows no sign of abating only getting worse.  The wastefulness that more than anything has characterized everything Toronto Housing touches has not been addressed at all by this document, so thin on details.  This, with the inveterate incompetence and gangsterism of management, means the DISintegration of the ISM.  (For a handy-dandy key to these ridiculous acronyms, kindly see below.)

EX17.2

**ACCOUNTABILITY FRAMEWORK FOR THE INTEGRATED SERVICE MODEL**

CITY OF TORONTO – SENIORS SERVICES AND LONG-TERM CARE

TO

TORONTO COMMUNITY HOUSING CORPORATION'S SENIORS HOUSING UNIT

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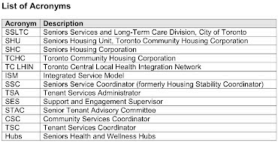
## Acronyms for #1984 in #2020 from the #TCHC's "#Accountability Framework" – for the 4th #Reich of #Seniors #Housing – the #ISM

## And now, if you've got even THIS FAR, you'll simply HAVE TO READ the list below, to know what they're talking about.

I find it impossible not to think that the point of the acronyms is to bewilder everyone into thinking there's really something new going on. If they used the full names, you'd think the things they were discussing were alike. If they called them what they were, instead of what they pretended to be, you'd know they were nearly identical: HOUSING STABILITY COORDINATOR (really?!) for TENANT SERVICES COORDINATOR is a conspicuously Orwellian example of playing with words, with TITLES to be precise.



**List of Acronyms**

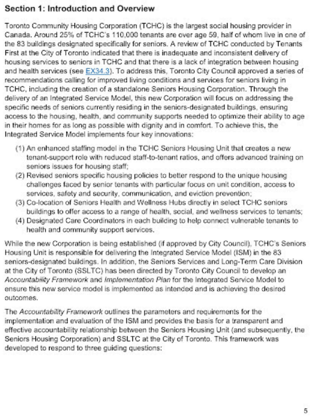
| Acronym | Description |
|---|---|
| SSLTC | Seniors Services and Long-Term Care Division, City of Toronto |
| SHU | Seniors Housing Unit, Toronto Community Housing Corporation |
| SHC | Seniors Housing Corporation |
| TCHC | Toronto Community Housing Corporation |
| TC LHIN | Toronto Central Local Health Integration Network |
| ISM | Integrated Service Model |
| SSC | Seniors Service Coordinator (formerly Housing Stability Coordinator) |
| TSA | Tenant Services Administrator |
| SES | Support and Engagement Supervisor |
| STAC | Senior Tenant Advisory Committee |
| CSC | Community Services Coordinator |
| TSC | Tenant Services Coordinator |
| Hubs | Seniors Health and Wellness Hubs |

HSC for HOUSING STABILITY COORDINATOR is an acronym that pops up like kleenex (c) in the SUMMARY. It's an unfortunate choice of words, though evidently meant to be consistent with "aging in place" and other mantras. It's unfortunate because it has connotations of control and dullness, consistent with warehousing in a long-term care home. Is this just a mistake, or a slip up, the real writers of the report inadvertently tipping the City's hand just a little bit.

### HOUSING ***FIRST***?

"Inadequate and inconsistent delivery of housing services to seniors in Toronto Community Housing…." No kidding! That's called ***understating*** the obvious.

I trust they found out that the sun also rises – in the east, sets in the west – or did they get that backwards too?



## Section 1: Introduction and Overview

Toronto Community Housing Corporation (TCHC) is the largest social housing provider in Canada. Around 25% of TCHC's 110,000 tenants are over age 59, half of whom live in one of the 83 buildings designated specifically for seniors. A review of TCHC conducted by Tenants First at the City of Toronto indicated that there is inadequate and inconsistent delivery of housing services to seniors in TCHC and that there is a lack of integration between housing and health services (see EX34.3). To address this, Toronto City Council approved a series of recommendations calling for improved living conditions and services for seniors living in TCHC, including the creation of a standalone Seniors Housing Corporation. Through the delivery of an Integrated Service Model, this new Corporation will focus on addressing the specific needs of seniors currently residing in the seniors-designated buildings, ensuring access to the housing, health, and community supports needed to optimize their ability to age in their homes for as long as possible with dignity and in comfort. To achieve this, the Integrated Service Model implements four key innovations:

(1) An enhanced staffing model in the TCHC Seniors Housing Unit that creates a new tenant-support role with reduced staff-to-tenant ratios, and offers advanced training on seniors issues for housing staff;
(2) Revised seniors specific housing policies to better respond to the unique housing challenges faced by senior tenants with particular focus on unit condition, access to services, safety and security, communication, and eviction prevention;
(3) Co-location of Seniors Health and Wellness Hubs directly in select TCHC seniors buildings to offer access to a range of health, social, and wellness services to tenants;
(4) Designated Care Coordinators in each building to help connect vulnerable tenants to health and community support services.

While the new Corporation is being established (if approved by City Council), TCHC's Seniors Housing Unit is responsible for delivering the Integrated Service Model (ISM) in the 83 seniors-designated buildings. In addition, the Seniors Services and Long-Term Care Division at the City of Toronto (SSLTC) has been directed by Toronto City Council to develop an *Accountability Framework* and *Implementation Plan* for the Integrated Service Model to ensure this new service model is implemented as intended and is achieving the desired outcomes.

The *Accountability Framework* outlines the parameters and requirements for the implementation and evaluation of the ISM and provides the basis for a transparent and effective accountability relationship between the Seniors Housing Unit (and subsequently, the Seniors Housing Corporation) and SSLTC at the City of Toronto. This framework was developed to respond to three guiding questions:

## From Comments on the so-called "Accountability Framework" for a new Seniors Housing Unit – Separate from Toronto Community Housing

The fear is that the old managers transferred to the new Seniors Housing Unitl will be like the plague bacillus riding the troop train that started the Spanish (actually it was Kansas) Flu Epidemic that killed more people than World War I. The problem isn't just bad management; it's ***bad managers***.

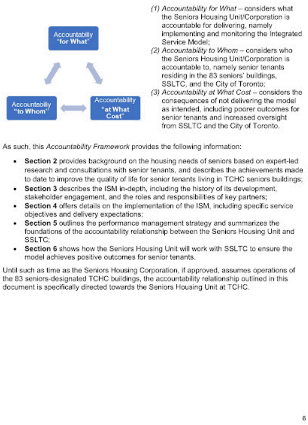
I think it should occur to any reader of this report that the report would never have been necessary in the first place, had managers been doing their job. The report seems to subject itself and the reader, as it would potentially the new Seniors Housing Unit – to a lot of contortions in order not to confront this obvious fact.

In recent years the managers at May Robinson Apartments – including but not limited to Tony Mandarino, Brad Priggin, Karim Kanji, Karen Phillips, etc – have offered at best limited and inadequate oversight of activities at the buiding, ranging from contractors to crooks – perhaps not a very big range, but so be it.

Our last Superintendent at May Robinson was a very nice lady, but she seemed inveterately incapable of the most basic organizational tasks – like and including preparing “time-specific” Notices of Entry (NOEs – for you acronym collectors). “Time-specific” might sound demanding, but all you do is check one box. Count one. Check it. That’s it – time specific!

But Vanella couldn’t do it. The problem was NOT with her however. It was with the management that hired her and that offered her none of the oversight that she required – and that we wanted her to get.

How do things like this happen? The question is rhetorical. Bad management! Will creating yet another layer of management – for instance in hiring 83 more managers and calling them Housing Stability Coordinators while the old Tenant Service Coordinators get renamed Tenant Service Administrators and continue to warm office chairs with their buttocks while pushing paper at us – I humbly ask – will creating yet another layer of managerment between seniors and TCHC or the new SHU – or whatever the hell the acronym is – REDRESS this? No!


Accountabiliy “for What”
Accountabiliy “to Whom”
Accountability “at What Cost”

(1) *Accountability for What* – considers what the Seniors Housing Unit/Corporation is accountable for delivering, namely implementing and monitoring the Integrated Service Model;
(2) *Accountability to Whom* – considers who the Seniors Housing Unit/Corporation is accountable to, namely senior tenants residing in the 83 seniors’ buildings, SSLTC, and the City of Toronto;
(3) *Accountability at What Cost* – considers the consequences of not delivering the model as intended, including poorer outcomes for senior tenants and increased oversight from SSLTC and the City of Toronto.

As such, this *Accountability Framework* provides the following information:

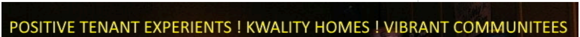
- **Section 2** provides background on the housing needs of seniors based on expert-led research and consultations with senior tenants, and describes the achievements made to date to improve the quality of life for senior tenants living in TCHC seniors buildings;
- **Section 3** describes the ISM in-depth, including the history of its development, stakeholder engagement, and the roles and responsibilities of key partners;
- **Section 4** offers details on the implementation of the ISM, including specific service objectives and delivery expectations;
- **Section 5** outlines the performance management strategy and summarizes the foundations of the accountability relationship between the Seniors Housing Unit and SSLTC;
- **Section 6** shows how the Seniors Housing Unit will work with SSLTC to ensure the model achieves positive outcomes for senior tenants.

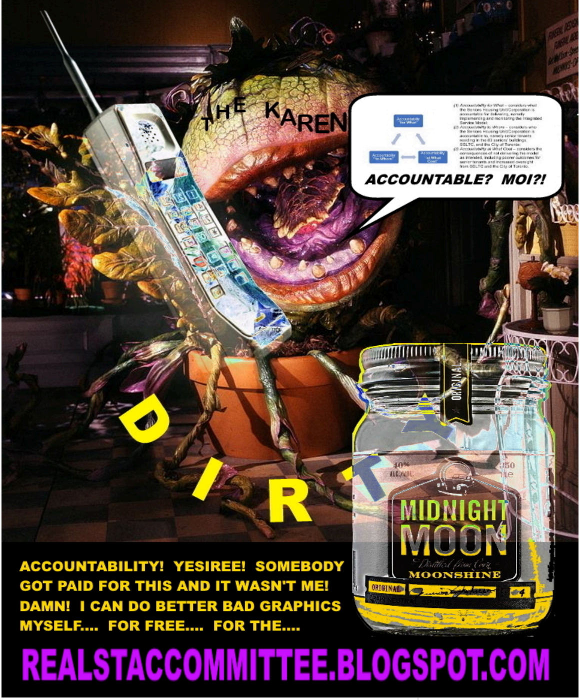
Until such as time as the Seniors Housing Corporation, if approved, assumes operations of the 83 seniors-designated TCHC buildings, the accountability relationship outlined in this document is specifically directed towards the Seniors Housing Unit at TCHC.

SOMETIMES A POSTER

SAYS IT ALL.

THIS IS ONE OF THOSE OCCASIONS.


POSITIVE TENANT EXPERIENTS ! KWALITY HOMES ! VIBRANT COMMUNITEES


THE KAREN
Accountability "for What"
Accountability "to Whom"
Accountability "at What Cost"
ACCOUNTABLE? MOI?!
DIRTY
ORIGINAL
40% ALC./VOL.
750 ml
MIDNIGHT MOON
Distilled from Corn
MOONSHINE
ACCOUNTABILITY! YESIREE! SOMEBODY GOT PAID FOR THIS AND IT WASN'T ME! DAMN! I CAN DO BETTER BAD GRAPHICS MYSELF.... FOR FREE.... FOR THE....
REALSTACCOMMITTEE.BLOGSPOT.COM

(1) *Accountability for What* – considers what the Seniors Housing Unit/Corporation is accountable for delivering, namely implementing and monitoring the Integrated Service Model;
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## Section 2: Seniors Housing Needs

### *a. Understanding the Needs of Senior Tenants*

Housing is an important determinant of health, and there is a growing body of evidence showing that poor housing conditions are linked to negative physical and mental health outcomes. Nearly a quarter of Canadian seniors have a core housing need and lack access to adequate, acceptable, or affordable housing. As a result, many seniors, particularly those who are low-income, have joined the waitlist for social housing. A recent review conducted by Dr. Christine Sheppard at the Sunnybrook Research Institute found that low-income seniors living in social housing tend to be female, live alone, have lower education, and self-report fair or poor health. Compared to senior renters and homeowners, those living in social housing have less social support and higher rates of disability and are more likely to report psychiatric conditions, problematic alcohol consumption, depression, loneliness, cognitive impairment, vision problems, falls history, polypharmacy, and food insecurity. Seniors in social housing also have higher rates of both 911 calls and hospital admissions and are at increased risk of nursing home placement.

Dr. Sheppard's review also found that in most seniors social housing programs across North America, a variety of health and community support programs are offered to tenants directly on-site, including meals, transportation, housekeeping, social activities, health education, and primary care; in most cases, these services are provided by community partners rather than the housing provider. Community partners have indicated that they are eager to partner with social housing landlords and other community agencies to jointly offer on-site services to vulnerable senior tenants, but note that coordinating with multiple agencies to deliver services is challenging, especially when there is no centralized coordinator to support these efforts. In general, awareness of, and access to, on-site programs and services is greater when buildings have designated housing staff to identify at-risk tenants and make referrals, and when the program has dedicated office and/or program space to run services. Importantly, the provision of on-site services is linked to several positive outcomes for senior tenants, including reduced 911 calls and hospital admissions, improved physical functioning, and enhanced mental health and resilience.

The Canadian Urban Institute conducted a jurisdictional scan[1] in January 2020 of service models that connect low- and moderate-income seniors living in social housing with health and community support services. The scan identified 34 housing models run by public, private, and non-profit agencies across Canada, the United States, and Europe that integrate housing, health, and support services. Five housing programs were selected for in-depth reviews through key informant interviews, and the following priority recommendations emerged:

- Successful housing models are created through ongoing tenant involvement to understand needs;

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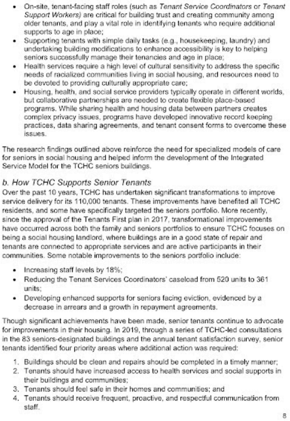
[1] Canadian Urban Institute. (January 2020). *Environmental scan of seniors social housing models.* Available at: https://canurb.org/publications/environmental-scan-of-seniors-social-housing-models/

Ironic that they refer to the Tenant Service Coordinator as a "tenant-facing" role, considering that our own TSC (ah! those acronyms!), Karen Phillips, was rarely on-site and mainly busied herself, if at all, with paper-work, income reviews and eviction letters.  In my 4 years at "Murder" Robinson Apartments she was rarely a positive presence, rarely a presence at all.  She was occasionally on-site to do income reviews with some of my neighbors, for which she often didn't appear and didn't bother to give the tenant notice – a big deal for an infirm senior, for whom waiting for nothing is especially vexing.  The TSC in my building was essentialy a "paper pusher" – so out of touch with the tenants she was pushing to, that one year she actually sent me a letter demanding that I do a second income review.  She typically never apologized for this oversight.  It was a system glitch.  No, I'm afraid it wasn't.

Quantitative improvements to staffing, like and including the ones proposed below, will have no effect without qualitative ones. How these are to be achieved and maintained is really the issue.



- On-site, tenant-facing staff roles (such as *Tenant Service Coordinators* or *Tenant Support Workers)* are critical for building trust and creating community among older tenants, and play a vital role in identifying tenants who require additional supports to age in place;
- Supporting tenants with simple daily tasks (e.g., housekeeping, laundry) and undertaking building modifications to enhance accessibility is key to helping seniors successfully manage their tenancies and age in place;
- Health services require a high level of cultural sensitivity to address the specific needs of racialized communities living in social housing, and resources need to be devoted to providing culturally appropriate care;
- Housing, health, and social service providers typically operate in different worlds, but collaborative partnerships are needed to create flexible place-based programs. While sharing health and housing data between partners creates complex privacy issues, programs have developed innovative record keeping practices, data sharing agreements, and tenant consent forms to overcome these issues.

The research findings outlined above reinforce the need for specialized models of care for seniors in social housing and helped inform the development of the Integrated Service Model for the TCHC seniors buildings.

### *b. How TCHC Supports Senior Tenants*

Over the past 10 years, TCHC has undertaken significant transformations to improve service delivery for its 110,000 tenants. These improvements have benefited all TCHC residents, and some have specifically targeted the seniors portfolio. More recently, since the approval of the Tenants First plan in 2017, transformational improvements have occurred across both the family and seniors portfolios to ensure TCHC focuses on being a social housing landlord, where buildings are in a good state of repair and tenants are connected to appropriate services and are active participants in their communities. Some notable improvements to the seniors portfolio include:

- Increasing staff levels by 18%;
- Reducing the Tenant Services Coordinators' caseload from 520 units to 361 units;
- Developing enhanced supports for seniors facing eviction, evidenced by a decrease in arrears and a growth in repayment agreements.

Though significant achievements have been made, senior tenants continue to advocate for improvements in their housing. In 2019, through a series of TCHC-led consultations in the 83 seniors-designated buildings and the annual tenant satisfaction survey, senior tenants identified four priority areas where additional action was required:

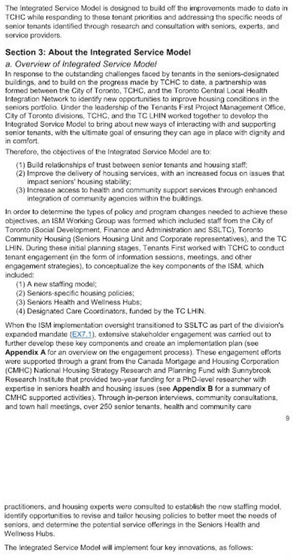
1. Buildings should be clean and repairs should be completed in a timely manner;
2. Tenants should have increased access to health services and social supports in their buildings and communities;
3. Tenants should feel safe in their homes and communities; and
4. Tenants should receive frequent, proactive, and respectful communication from staff.

Tenants "should feel safe" but indeed they don't, and they won't till something else changes.  That is a culture of gangsterism and collusion that prevails not just among a minority of tenants but among a majority of managers, who would rather shoot the messenger than listen to the message and address it.  Unfortunatey this gangster culture extends to Housing's own police force, and to the Toronto Police, who together with management criminalize the victim of complaints and subject the same to brutal intrusions and harassments.  This happened to me a few years ago when I was naive enough to let the TSC, Phillips, pass the buck to me.  On her bad advice I contacted the police about a tenant, did a lot of surveillance of the tenant for Housing and the Police, then when things headed south was abandoned by Housing and the Police, who together either lied or "misrepresented the truth" to deny me the requested Crisis Transfer.

In my experience the so-called COMMUNITY SAFETY UNIT is little better than the thugs and crooks they're supposed to protect us from.  They'll bang like gang-busters on our doors, they'll talk down to us, they'll treat us like dirt. And above all they'll bully us. They are the proverbial bulls in the china shop. This has not changed one bit since the implementation of the much-vaunted ISM. I doubt very much that it will every change. Seniors will ultimately decide to suffer in silence rather than complain. The last thing we will want to do is call the police, or even our own so-called security/community "safety" unit.

There are similar problem with the way staff address tenants, indicating totally inadequate training. For example, they will address a mentally ill and delusional female tenant with terms of endearment which, in her delusiona thinking, she will take seriously and assume a bond which of course doens't really exist. This creates obvious problems of unrealistic expectations and even grounds for exploitation. It's simply unprofessional and could be avoid with any training at all. The Toronto Hostel School offers inexpensive courses for shelter workers that would be surely help. So far however, there is no indication that better training has occurred or resulted in better, more professional conduct by all levels of staff.

Personally I think that without permission to do otherwise, all staff should address all tenants by their surname, as Mr, Mrs, Ms, etc.... Exceptions could be allowed in the case of PSW's who might in some ways necessarily be "intimate" with ailing clients, but never immediately and only with consent.



The Integrated Service Model is designed to build off the improvements made to date in TCHC while responding to these tenant priorities and addressing the specific needs of senior tenants identified through research and consultation with seniors, experts, and service providers.

### Section 3: About the Integrated Service Model

*a. Overview of Integrated Service Model*

In response to the outstanding challenges faced by tenants in the seniors-designated buildings, and to build on the progress made by TCHC to date, a partnership was formed between the City of Toronto, TCHC, and the Toronto Central Local Health Integration Network to identify new opportunities to improve housing conditions in the seniors portfolio. Under the leadership of the Tenants First Project Management Office, City of Toronto divisions, TCHC, and the TC LHIN worked together to develop the Integrated Service Model to bring about new ways of interacting with and supporting senior tenants, with the ultimate goal of ensuring they can age in place with dignity and in comfort.

Therefore, the objectives of the Integrated Service Model are to:

(1) Build relationships of trust between senior tenants and housing staff;
(2) Improve the delivery of housing services, with an increased focus on issues that impact seniors' housing stability;
(3) Increase access to health and community support services through enhanced integration of community agencies within the buildings.

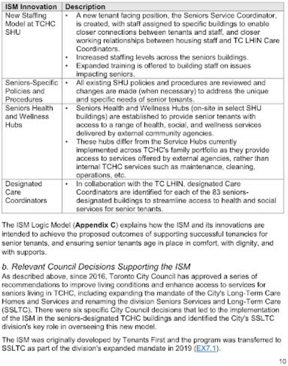
In order to determine the types of policy and program changes needed to achieve these objectives, an ISM Working Group was formed which included staff from the City of Toronto (Social Development, Finance and Administration and SSLTC), Toronto Community Housing (Seniors Housing Unit and Corporate representatives), and the TC LHIN. During these initial planning stages, Tenants First worked with TCHC to conduct tenant engagement (in the form of information sessions, meetings, and other engagement strategies), to conceptualize the key components of the ISM, which included:

(1) A new staffing model;
(2) Seniors-specific housing policies;
(3) Seniors Health and Wellness Hubs;
(4) Designated Care Coordinators, funded by the TC LHIN.

When the ISM implementation oversight transitioned to SSLTC as part of the division's expanded mandate (EX7.1), extensive stakeholder engagement was carried out to further develop these key components and create an implementation plan (see **Appendix A** for an overview on the engagement process). These engagement efforts were supported through a grant from the Canada Mortgage and Housing Corporation (CMHC) National Housing Strategy Research and Planning Fund with Sunnybrook Research Institute that provided two-year funding for a PhD-level researcher with expertise in seniors health and housing issues (see **Appendix B** for a summary of CMHC supported activities). Through in-person interviews, community consultations, and town hall meetings, over 250 senior tenants, health and community care

practitioners, and housing experts were consulted to establish the new staffing model, identify opportunities to revise and tailor housing policies to better meet the needs of seniors, and determine the potential service offerings in the Seniors Health and Wellness Hubs.

The Integrated Service Model will implement four key innovations, as follows:



| ISM Innovation | Description |
|---|---|
| New Staffing Model at TCHC SHU | • A new tenant facing position, the Seniors Service Coordinator, is created, with staff assigned to specific buildings to enable closer connections between tenants and staff, and closer working relationships between housing staff and TC LHIN Care Coordinators.<br>• Increased staffing levels across the seniors buildings.<br>• Expanded training is offered to building staff on issues impacting seniors. |
| Seniors-Specific Policies and Procedures | • All existing SHU policies and procedures are reviewed and changes are made (when necessary) to address the unique and specific needs of senior tenants. |
| Seniors Health and Wellness Hubs | • Seniors Health and Wellness Hubs (on-site in select SHU buildings) are established to provide senior tenants with access to a range of health, social, and wellness services delivered by external community agencies.<br>• These hubs differ from the Service Hubs currently implemented across TCHC's family portfolio as they provide access to services offered by external agencies, rather than internal TCHC services such as maintenance, cleaning, operations, etc. |
| Designated Care Coordinators | • In collaboration with the TC LHIN, designated Care Coordinators are identified for each of the 83 seniors-designated buildings to streamline access to health and social services for senior tenants. |

The ISM Logic Model (**Appendix C**) explains how the ISM and its innovations are intended to achieve the proposed outcomes of supporting successful tenancies for senior tenants, and ensuring senior tenants age in place in comfort, with dignity, and with supports.

### *b. Relevant Council Decisions Supporting the ISM*

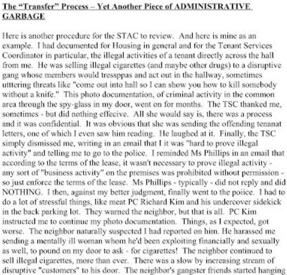
As described above, since 2016, Toronto City Council has approved a series of recommendations to improve living conditions and enhance access to services for seniors living in TCHC, including expanding the mandate of the City's Long-Term Care Homes and Services and renaming the division Seniors Services and Long-Term Care (SSLTC). There were six specific City Council decisions that led to the implementation of the ISM in the seniors-designated TCHC buildings and identified the City's SSLTC division's key role in overseeing this new model.

The ISM was originally developed by Tenants First and the program was transferred to SSLTC as part of the division's expanded mandate in 2019 (EX7.1).

Is the so-called "CARE HUB" just more of the non-medical kind of BLOAT that characterizes virtually everything the TCHC attempts? Don't we already have a doctor? If not, can't we get one? I did – from St Joe's a 10 minute walk away – and they have teams who will visit you if you can't walk.

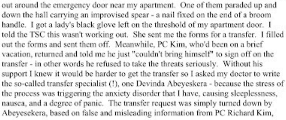
More generally, but perhaps more trenchantly, would you want Toronto Housing to be – in any way – your doctor, even in its latest incarnation as the new Seniors Housing Unit? I have met our new Community Services Coordinator and found her ***personally*** – and refreshingly, ***uncharacteristically*** (of Toronto Housing) – helpful. Nevertheless, based on my own very recent unpleasant personal experience, I would have to answer that question in the negative. Not without a lot of crucial fine-tuning on the procedural level (those pesky details the STAC committee doesn't want to get down to and would rather refer – ie. pass the buck – to the semi-dysfunctional Help Centre)....

Here's one example out of many I could have chosen. The hidesous "CRISIS TRANSFER" process – a crisis all right, all by itself. Imagine, at Toronto Housing they even have such things as "Transfer Specialists." Imagine....

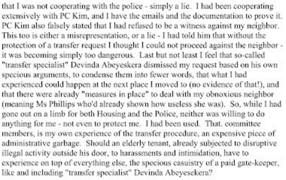


**The "Transfer" Process – Yet Another Piece of ADMINISTRATIVE GARBAGE**

Here is another procedure for the STAC to review. And here is mine as an example. I had documented for Housing in general and for the Tenant Services Coordinator in particular, the illegal activities of a tenant directly across the hall from me. He was selling illegal cigarettes (and maybe other drugs) to a disruptive gang whose members would tressppas and act out in the hallway, sometimes utttering threats like "come out into hall so I can show you how to kill somebody without a knife." This photo documentation, of criminal activity in the common area through the spy-glass in my door, went on for months. The TSC thanked me, sometimes - but did nothing effecive. All she would say is, there was a process and it was confidential. It was obvious that she was sending the offending tenanat letters, one of which I even saw him reading. He laughed at it. Finally, the TSC simply dismissed me, writing in an email that I it was "hard to prove illegal activity" and telling me to go to the police. I reminded Ms Phillips in an email that according to the terms of the lease, it wasn't necessary to prove illegal activity - any sort of "business activity" on the premises was prohibited without permission - so just enforce the terms of the lease. Ms Phillips - typically - did not reply and did NOTHING. I then, against my better judgment, finally went to the poiice. I had to do a lot of stressful things, like meat PC Richard Kim and his undercover sidekick in the back parking lot. They warned the neighbor, but that is all. PC Kim instructed me to continue my photo documentation. Things, as I expected, got worse. The neighbor naturally suspected I had reported on him. He harassed me sending a mentally ill woman whom he'd been exploiting financially and sexually as well, to pound on my door to ask - for cigarettes! The neighbor continued to sell illegal cigarettes, more than ever. There was a slow by increasing stream of disruptive "customers" to his door. The neighbor's gangster friends started hanging

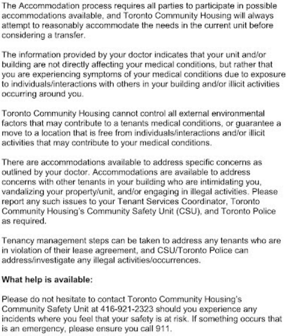


out around the emergency door near my apartment. One of them paraded up and down the hall carrying an improvised spear - a nail fixed on the end of a broom handle. I got a lady's black glove left on the threshold of my apartment door. I told the TSC this wasn't working out. She sent me the forms for a transfer. I filled out the forms and sent them off. Meanwhile, PC Kim, who'd been on a brief vacation, returned and told me he just "couldn't bring himself" to sign off on the transfer - in other words he refused to take the threats seriously. Without his support I knew it would be harder to get the transfer so I asked my doctor to write the so-called transfer specialist (!), one Devinda Abeyeskera - because the stress of the process was triggering the anxiety disorder that I have, causing sleeplessness, nausea, and a degree of panic. The transfer request was simply turned down by Abeyesekera, based on false and misleading information from PC Richard Kim,



that I was not cooperating with the police - simply a lie. I had been cooperating extensively with PC Kim, and I have the emails and the documentation to prove it. PC Kim also falsely stated that I had refused to be a witness against my neighbor. This too is either a misrepresentation, or a lie - I had told him that without the protection of a transfer request I thought I could not proceed against the neighbor - it was becoming simply too dangerous. Last but not least I feel that so-called "transfer specialist" Devinda Abeyeskera dismissed my request based on his own specious arguments, to condense them into fewer words, that what I had experienced could happen at the next place I moved to (no evidence of that!), and that there were already "measures in place" to deal with my obnoxious neighbor (meaning Ms Phillips who'd already shown how useless she was). So, while I had gone out on a limb for both Housing and the Police, neither was willing to do anything for me - not even to protect me. I had been used. That, committee members, is my own experience of the transfer procedure, an expensive piece of administrative garbage. Should an elderly tenant, already subjected to disruptive illegal activity outside his door, to harassments and intimidation, have to experience on top of everything else, the specious casuistry of a paid gate-keeper, like and including "transfer specialist" Devinda Abeyesekera?

And here's MINE – or the relevant part of it, at least! Which indicates how, at least untill very recently, Housing handiles, by dismissing and ignoring it with a lot of adversarial legalese, crucial medical information, from one's personal physician.



The Accommodation process requires all parties to participate in possible accommodations available, and Toronto Community Housing will always attempt to reasonably accommodate the needs in the current unit before considering a transfer.

The information provided by your doctor indicates that your unit and/or building are not directly affecting your medical conditions, but rather that you are experiencing symptoms of your medical conditions due to exposure to individuals/interactions with others in your building and/or illicit activities occurring around you.

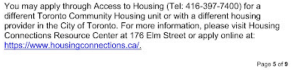
Toronto Community Housing cannot control all external environmental factors that may contribute to a tenants medical conditions, or guarantee a move to a location that is free from individuals/interactions and/or illicit activities that may contribute to your medical conditions.

There are accommodations available to address specific concerns as outlined by your doctor. Accommodations are available to address concerns with other tenants in your building who are intimidating you, vandalizing your property/unit, and/or engaging in illegal activities. Please report any such issues to your Tenant Services Coordinator, Toronto Community Housing's Community Safety Unit (CSU), and Toronto Police as required.

Tenancy management steps can be taken to address any tenants who are in violation of their lease agreement, and CSU/Toronto Police can address/investigate any illegal activities/occurrences.

**What help is available:**

Please do not hesitate to contact Toronto Community Housing's Community Safety Unit at 416-921-2323 should you experience any incidents where you feel that your safety is at risk. If something occurs that is an emergency, please ensure you call 911.



You may apply through Access to Housing (Tel: 416-397-7400) for a different Toronto Community Housing unit or with a different housing provider in the City of Toronto. For more information, please visit Housing Connections Resource Center at 176 Elm Street or apply online at: https://www.housingconnections.ca/.

"There are accommodations available" (?!) – Ah,

well said, "Transfer Specialist" Devinda Abeyesekera! I'd

been communicating about this, and documenting it too,

with our Tenant Services Coordinator,

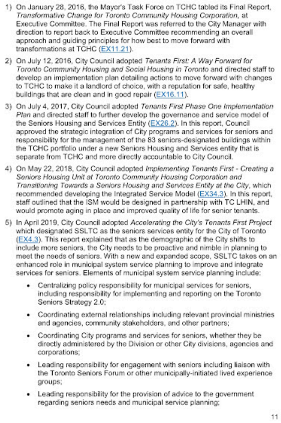
Karen Phillips, and she'd been

totally ***FECKLESS.***

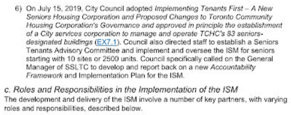
If ***THIS*** isn't ***PASSING THE BUCK***

what ***IS?***

My "global fear" – let's say "informed suspicion" – is that despite any good intentions, this project, like virtually every other one undertaken by Housing, will quickly degrade into a demonic travesty of itself. In other words, a Care Home.



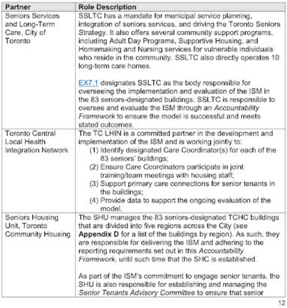
1) On January 28, 2016, the Mayor's Task Force on TCHC tabled its Final Report, *Transformative Change for Toronto Community Housing Corporation*, at Executive Committee. The Final Report was referred to the City Manager with direction to report back to Executive Committee recommending an overall approach and guiding principles for how best to move forward with transformations at TCHC (EX11.21).
2) On July 12, 2016, City Council adopted *Tenants First: A Way Forward for Toronto Community Housing and Social Housing in Toronto* and directed staff to develop an implementation plan detailing actions to move forward with changes to TCHC to make it a landlord of choice, with a reputation for safe, healthy buildings that are clean and in good repair (EX16.11).
3) On July 4, 2017, City Council adopted *Tenants First Phase One Implementation Plan* and directed staff to further develop the governance and service model of the Seniors Housing and Services Entity (EX26.2). In this report, Council approved the strategic integration of City programs and services for seniors and responsibility for the management of the 83 seniors-designated buildings within the TCHC portfolio under a new Seniors Housing and Services entity that is separate from TCHC and more directly accountable to City Council.
4) On May 22, 2018, City Council adopted *Implementing Tenants First - Creating a Seniors Housing Unit at Toronto Community Housing Corporation and Transitioning Towards a Seniors Housing and Services Entity at the City*, which recommended developing the Integrated Service Model (EX34.3). In this report, staff outlined that the ISM would be designed in partnership with TC LHIN, and would promote aging in place and improved quality of life for senior tenants.
5) In April 2019, City Council adopted *Accelerating the City's Tenants First Project* which designated SSLTC as the seniors services entity for the City of Toronto (EX4.3). This report explained that as the demographic of the City shifts to include more seniors, the City needs to be proactive and nimble in planning to meet the needs of seniors. With a new and expanded scope, SSLTC takes on an enhanced role in municipal system service planning to improve and integrate services for seniors. Elements of municipal system service planning include:
    - Centralizing policy responsibility for municipal services for seniors, including responsibility for implementing and reporting on the Toronto Seniors Strategy 2.0;
    - Coordinating external relationships including relevant provincial ministries and agencies, community stakeholders, and other partners;
    - Coordinating City programs and services for seniors, whether they be directly administered by the Division or other City divisions, agencies and corporations;
    - Leading responsibility for engagement with seniors including liaison with the Toronto Seniors Forum or other municipally-initiated lived experience groups;
    - Leading responsibility for the provision of advice to the government regarding seniors needs and municipal service planning;



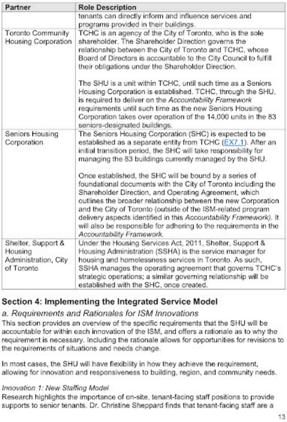
6) On July 15, 2019, City Council adopted *Implementing Tenants First – A New Seniors Housing Corporation and Proposed Changes to Toronto Community Housing Corporation's Governance and approved in principle the establishment of a City services corporation to manage and operate TCHC's 83 seniors-designated buildings* (EX7.1). Council also directed staff to establish a Seniors Tenants Advisory Committee and implement and oversee the ISM for seniors starting with 10 sites or 2500 units. Council specifically called on the General Manager of SSLTC to develop and report back on a new *Accountability Framework* and Implementation Plan for the ISM.

*c. Roles and Responsibilities in the Implementation of the ISM*

The development and delivery of the ISM involve a number of key partners, with varying roles and responsibilities, described below.



| Partner | Role Description |
|---|---|
| Seniors Services and Long-Term Care, City of Toronto | SSLTC has a mandate for municipal service planning, integration of seniors services, and driving the Toronto Seniors Strategy. It also offers several community support programs, including Adult Day Programs, Supportive Housing, and Homemaking and Nursing services for vulnerable individuals who reside in the community. SSLTC also directly operates 10 long-term care homes.<br>EX7.1 designates SSLTC as the body responsible for overseeing the implementation and evaluation of the ISM in the 83 seniors-designated buildings. SSLTC is responsible to oversee and evaluate the ISM through an *Accountability Framework* to ensure the model is successful and meets stated outcomes. |
| Toronto Central Local Health Integration Network | The TC LHIN is a committed partner in the development and implementation of the ISM and is working jointly to:<br>(1) Identify designated Care Coordinator(s) for each of the 83 seniors' buildings;<br>(2) Ensure Care Coordinators participate in joint training/team meetings with housing staff;<br>(3) Support primary care connections for senior tenants in the buildings;<br>(4) Provide data to support the ongoing evaluation of the model. |
| Seniors Housing Unit, Toronto Community Housing | The SHU manages the 83 seniors-designated TCHC buildings that are divided into five regions across the City (see **Appendix D** for a list of the buildings by region). As such, they are responsible for delivering the ISM and adhering to the reporting requirements set out in this *Accountability Framework*, until such time that the SHC is established.<br>As part of the ISM's commitment to engage senior tenants, the SHU is also responsible for establishing and managing the *Senior Tenants Advisory Committee* to ensure that senior |



| Partner | Role Description |
|---|---|
| | tenants can directly inform and influence services and programs provided in their buildings. |
| Toronto Community Housing Corporation | TCHC is an agency of the City of Toronto, who is the sole shareholder. The Shareholder Direction governs the relationship between the City of Toronto and TCHC, whose Board of Directors is accountable to the City Council to fulfill their obligations under the Shareholder Direction.<br>The SHU is a unit within TCHC, until such time as a Seniors Housing Corporation is established. TCHC, through the SHU, is required to deliver on the *Accountability Framework* requirements until such time as the new Seniors Housing Corporation takes over operation of the 14,000 units in the 83 seniors-designated buildings. |
| Seniors Housing Corporation | The Seniors Housing Corporation (SHC) is expected to be established as a separate entity from TCHC (EX7.1). After an initial transition period, the SHC will take responsibility for managing the 83 buildings currently managed by the SHU.<br>Once established, the SHC will be bound by a series of foundational documents with the City of Toronto including the Shareholder Direction, and Operating Agreement, which outlines the broader relationship between the new Corporation and the City of Toronto (outside of the ISM-related program delivery aspects identified in this *Accountability Framework*). It will also be responsible for adhering to the requirements in the *Accountability Framework*. |
| Shelter, Support & Housing Administration, City of Toronto | Under the Housing Services Act, 2011, Shelter, Support & Housing Administration (SSHA) is the service manager for housing and homelessness services in Toronto. As such, SSHA manages the operating agreement that governs TCHC's strategic operations; a similar governing relationship will be established with the SHC, once created. |

## Section 4: Implementing the Integrated Service Model

### *a. Requirements and Rationales for ISM Innovations*

This section provides an overview of the specific requirements that the SHU will be accountable for within each innovation of the ISM, and offers a rationale as to why the requirement is necessary. Including the rationale allows for opportunities for revisions to the requirements of situations and needs change.

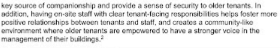
In most cases, the SHU will have flexibility in how they achieve the requirement, allowing for innovation and responsiveness to building, region, and community needs.

*Innovation 1: New Staffing Model*

Research highlights the importance of on-site, tenant-facing staff positions to provide supports to senior tenants. Dr. Christine Sheppard finds that tenant-facing staff are a

This is probably the key part of the document, and it's characteristically weak.  I mean it displays the weakness that characterizes the whole document, which seems devoted to finding bloated expensive way to non-implement the obvious, the obvious being what they euphemistically call "tenant-facing" workers – ie. people who actually doing something besides push paper around (and occasionally refractory tenants, that is tenants who criticize).

Most of these issues complained of happened under the watch of the incumbent TSC (ah! that acronym again), Ms. Phillips, and had indeed been going on for years before I arrived on the scene, nearly 4 years ago.



key source of companionship and provide a sense of security to older tenants. In addition, having on-site staff with clear tenant-facing responsibilities helps foster more positive relationships between tenants and staff, and creates a community-like environment where older tenants are empowered to have a stronger voice in the management of their buildings.[2]

| Requirement | Rationale |
|---|---|
| Establish the new staff position: Seniors Service Coordinator (SSC). | The purpose of this new role is to integrate all tenant focused and property focused services for tenants into one position (in the current model, these functions are separate). Refer to the new ISM Staffing Model in **Appendix E** for more details.<br>In the ISM, the newly created SSC works in one building, or a cluster of small buildings, and takes on the Community Services Coordinators' (CSC) access and support function, with an added responsibility for the tenant-facing side of tenancy management (currently managed by Tenant Services Coordinators).<br>The SSC will be the main point of contact for all tenant-facing concerns (e.g., tenancy services, referrals to services, etc.) in the building. They will liaise with other building staff and TC LHIN Care Coordinators, foster strong relationships with senior tenants, support early identification of tenants requiring additional supports, and facilitate referrals to community agencies as required. |
| Establish the new staff position: Tenant Services Administrator (TSA). | The newly created TSA position, which will work out of an area office, will be responsible for the administrative tenancy management for all tenants in their area. The TSA will prepare routine correspondence with tenants, perform rent assessments, collect arrears, analyze data, and prepare reports. |
| Establish a new position: Support and Engagement Supervisor (SES). | The SES will manage and support the SSCs and will work out of the area office. The SES will also provide support to SSCs in addressing high-needs tenants and promoting community development in the buildings. |
| Ensure SSCs and TSAs support the appropriate number of units. | The ISM model will see an increase in staffing levels, specifically with the SSC position. Hiring additional SSCs will enable staff to form stronger connections with senior tenants, provide better preventative supports, and work more closely with TC LHIN Care Coordinators and other community partners. SSCs will be required to support a maximum of 400 units.<br>The new TSA position takes on an administrative role, leaving the direct tenant-facing services to the SSC. This will result in an increased ratio of TSAs to tenants (as compared to the existing TSC position) as they will not be providing direct tenant services. TSAs will be required to support a maximum of 700 units. |
| Coordinate training and professional development in senior-specific issues for all building staff. | Staff in the SHU require senior-specific training on topics such as Dementia and Alzheimer's disease, elder abuse, income support programs and pensions, (i.e., Canada Pension Plan, Old Age Security, Guaranteed Income Supplement), unit takeovers, and senior-friendly communication. This training will enable staff to provide appropriate customer service to senior tenants while meeting their unique needs. For more information about the components of the proposed staff training plan, refer to **Appendix F**. |

*Innovation 2: Seniors-Specific Policies and Procedures*

Development of seniors-specific policies and procedures, which build on existing best practices at TCHC, represents an opportunity to address the priorities and unique needs of vulnerable senior tenants. Many senior tenants struggle to maintain their units in good condition due to complex health challenges and require barrier-free access to health and community support services to enhance their ability to age in place. Ongoing safety concerns are particularly important to address, as many seniors are more vulnerable to certain safety and security risks (e.g., elder abuse, unit takeovers), and need safe and secure environments in order to access on-site support services. Senior-friendly policies and procedures will therefore ensure senior tenants can successfully manage their tenancies and age in place with dignity and in comfort for as long as possible.

| Requirement | Rationale |
|---|---|
| **Unit and Building Condition** | |
| Unit condition issues are identified before units become a safety risk. | A proactive approach to unit safety is needed to ensure that unit condition issues are identified early before they become an urgent crisis. |
| Unit condition issues are supported before units become a safety risk. | Once identified, unit condition issues must be addressed through referrals to appropriate, seniors specific services to ensure the senior tenant can safely maintain their unit. |
| **Access to Services and Supports** | |
| Clear referrals pathways are outlined to connect tenants with seniors-serving community agencies as required. | Senior tenants may require referrals to seniors-serving agencies. Clear and consistent referral mechanisms are required to ensure senior tenants can access the services they need as promptly as possible. |
| Programs and services delivered on-site by external agencies are tailored to meet the evolving needs and interests of senior tenants. | Engagement with senior tenants to determine needs and interests is critical to identifying the types of on-site services that should be provided by community partners. |
| Programs and services delivered on-site by external agencies are regularly monitored by SHU staff to ensure equitable access and quality delivery. | On-site services for seniors must be evaluated to ensure they are meeting intended outcomes and tenant needs. |
| **Safety and Security** | |
| Staff work with community partners to address safety concerns that hinder the partners' ability to provide on-site services to senior tenants. | Community partners often provide on-site services to senior tenants. Safety and security concerns identified by community partners should be addressed to ensure that senior tenants are not at risk of losing these |

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[2] Sheppard, Christine. (2020). *A Scoping Review of Social Housing Models for Older Adults*.

| Requirement | Rationale |
|---|---|
|  | services. |
| Staff proactively identify situations that could lead to unit takeovers through adequate staff training and community referrals. | Senior tenants are vulnerable to unit takeovers, as they may live alone, be socially isolated, and/or experience mental health challenges. It is critical that staff take a proactive approach to identifying older tenants at risk of unit takeovers (through staff training on mental health and addictions) and connect them with available supports, such as SPIDER and Toronto Police Services. |
| Staff identify signs of elder abuse, offer support, and community referrals. | Elder abuse is a unique challenge faced by senior tenants. It is critical that staff have the information they need to support tenants who may be at risk of any form of elder abuse (including financial, physical, and emotional and neglect). |
| **Staff to Tenant Communication** |  |
| Staff communicate with senior tenants in an age-friendly manner. | TCHC's senior tenants are diverse. They expect and deserve to be communicated with by staff in a professional and senior-friendly manner. |
| Staff keep senior tenants informed about ongoing developments, programming, and tenancy issues. | Tenants require consistent, frequent, and accessible information about their building and tenancy. |
| Tenants have a feedback mechanism to communicate with the building staff, the area office, and the SHU. | Due to the changes to the organization structure through the ISM and the potential creation of the SHC, senior tenants require clear information and pathways to provide formal and informal feedback about their experiences to their housing provider. |
| **Housing Retention and Eviction Prevention** |  |
| Staff proactively support senior tenants in the timely reporting of changes in their monthly income related to turning 65 years of age (due to their designation as seniors). | When senior tenants turn 65 years of age, their income may change, resulting in changes to rent-geared-to-income (RGI) payments. Systems must be in place to ensure tenants are informed of this change and are supported during this transition to avoid accumulating arrears. |
| Staff work with senior tenants to inform them of their legal rights and obligations as tenants. | To ensure senior tenants are able to maintain successful tenancies, they must be aware of the rights and obligations as tenants. This information must be clearly communicated to senior tenants so they have the knowledge they need to maintain their tenancy. |
| Policies are developed which address seniors related issues that increase the risk of eviction, such as cognitive impairments, physical impairments, mental health, isolation, etc. | Seniors face additional barriers to maintaining their units and tenancies, such as mental health issues, cognitive issues, and physical impairments. There is a need to develop specific policies to address the unique needs of seniors. |

### *Innovation 3: Seniors Health and Wellness Hubs*

Seniors Health and Wellness Hubs allow senior tenants and seniors in the community to access a range of health and social supports, provided by partner community agencies, on-site in select TCHC seniors-designated buildings. By accessing these services, senior tenants will be more likely to have the supports they need to maintain their tenancies and age in place.

| Requirement | Rationale |
|---|---|
| Agencies are identified to act as partners in the establishment of Seniors Health and Wellness Hubs across the City. One hub should be located in the Phase 1 region (South East). | Seniors across the SHU should have access to Seniors Health and Wellness Hubs. The Hubs should where possible, also be open to seniors residing in other TCHC buildings and in the community. |
| Partner agencies and senior tenants are engaged to ensure that each Seniors Health and Wellness Hubs offer a range of serves that meet tenants' needs. | Specific services offered in the hubs will respond to building and community needs. Tenant participation must be sought in the planning and delivery of programs in the hub to ensure the hub is meeting community needs. |

### *Innovation 4: Designated Care Coordinators in Seniors Buildings*

The partnership with the TC LHIN will enable improved access to home and community care services for senior tenants. These services will support senior tenants to age in place.

| Requirement | Rationale |
|---|---|
| Designated Care Coordinators (TC LHIN funded) in seniors buildings are in place to ensure streamlined access to health and community services for senior tenants. | TC LHIN Care Coordinators are aligned into the City of Toronto neighbourhood teams. These small, focused teams will support the identified seniors buildings in their neighbourhood. Care Coordinators will connect tenants with necessary supports and will be a key resource for building staff (i.e., the Seniors Service Coordinator). |
| Enhanced collaboration, joint training, and information shared between internal building staff and TC LHIN Care Coordinators are facilitated. | To better meet the care needs of senior tenants, it is necessary to ensure housing staff and TC LHIN Care Coordinators participate in joint training and that protocols are implemented to support the sharing of information between housing staff and external health and social service partners. This will ensure all staff involved in supporting seniors tenants have access to the necessary information. |
| Integrated team meetings for building and health staff (e.g., TC LHIN Care Coordinators, partner agency staff) are established. | Building staff, including TC LHIN Care Coordinators, will participate in integrated team meetings with community partners to recognize the intrinsic link between health and housing information, and exchange information to improve access to care. Staff will share best practices and learn about other available housing and health services. |

### *b. Requirements for Tenant Engagement*

*Senior Tenant Advisory Committee (STAC)*

Ongoing engagement with senior tenants will be critical to the implementation and evaluation of the Integrated Service Model. The *Seniors Tenant Advisory Committee (STAC)* will be established specifically to provide advice and feedback on the ISM implementation and enable co-evaluation efforts to understand how the model has improved the lives of senior tenants in the buildings.

The STAC is made up of senior residents living in the 83 seniors-designated TCHC buildings, with a specific intent to engage senior tenants whose voices are not often heard, including those from equity seeking groups such as persons with disabilities, women, racialized group(s)/visible minorities/people of colour, LGBTQ2S+, and immigrants and refugees. The group has a stated focus on accessibility and addressing concerns and issues raised by those with accessibility needs.

The STAC is led by the SHU, with support from SSLTC. The SHU is responsible and accountable for the application process (reviewing applicants, conducting interviews,

selecting candidates, etc.), covering associated costs, organizing and chairing meetings, recording keeping, and facilitating broader tenant engagement via the STAC. Across all of these actions, SSLTC is consulted and informed and provides expertise and support as necessary.  STAC membership is determined based on interviews by a review panel, and membership will rotate. The STAC was established with a short-term mandate so that it can be flexible and adapt as the SHU transfers into the SHC.

The SHU will be required to provide SSLTC with a summary of the activities of the STAC on an annual basis, as part of the reporting requirement, to outline how the group has been engaged in the ISM implementation process.

*Other Tenant Engagement*

The SHU will also carry out other tenant engagement activities in order to foster more positive relationships with tenants, keep tenants informed, and actively seek feedback on housing services. Engagement will include, but is not limited to:

1) Annual Senior Tenant Experience Survey to assess housing satisfaction (see section 5b);
2) Quarterly Tenant Newsletter to inform all tenants of SHU-wide events, updates, and other relevant information;
3) Tenant Social Events (e.g., building barbecues) to foster a sense of community; and
4) Regional town halls (minimum of 1 per year) to solicit feedback on building activities and housing services.

The SHU will also be responsible for liaising with other established Tenant Committees, such as the R-PATH Committee (Responsible Personal Accessibility in Toronto Housing Committee, which aims to improve quality of life for tenants with physical disabilities), Tenant Representatives or Councils, and Tenant Associations, to gather feedback and input on the ISM implementation and housing services.

The SHU will be required to provide SSLTC with a summary of tenant engagement activities on an annual basis, as part of the reporting requirement, to demonstrate efforts taken to encourage all senior tenants to share their voice.

### *c. ISM Implementation Plan*

SSLTC is also responsible for reporting to City Council on an implementation plan for the ISM. The ISM will be implemented in phases, starting with 18 buildings in the South East of Toronto in Q4 2020. After an initial pilot period, it will be further rolled out through the remaining four SHU regions by 2022.[3] The purpose of a phased implementation is to ensure that there are opportunities to gain additional feedback from tenants, staff, and community partners on the initial rollout, and continue to make changes to the model during the pilot. A phased approach allows the SHU to learn from experiences and make continuous quality improvements.

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[3] Full implementation is expected by 2022, however, this timeline may adjusted due to ongoing effects of COVID-19.

A phased approach will also allow for SHU to prioritize their areas of focus for the initial rollout. Through consultation with tenants and partners, housing retention/eviction prevention, access to services and supports, and unit/building conditions were identified as the primary themes for Phase 1. For future phases of the ISM, the SHU will have the ability to identify other priority areas for action. It is expected that the SHU will demonstrate that action has been taken in all areas of the ISM by the full rollout of the model. Refer to the accompanying Staff Report for the detailed Implementation Plan.

## Section 5: Performance Management Plan

This section outlines how SSLTC will track the performance of the Seniors Housing Unit with regards to the implementation of the ISM. The performance management strategy consists of, and integrates, the following components:

- Reporting - Annual Program Report
- Key performance indicators (KPIs)
- Reporting cycle

### *a. Reporting – Annual Program Report*

To fulfill the requirements in the *Accountability Framework,* the Seniors Housing Unit will be required to complete an Annual Program Report as outlined in this section. Once the new Seniors Housing Corporation is created, SSLTC will work with SSHA and other partners to streamline reporting processes into the Corporation's annual reporting requirements to minimize reporting to multiple divisions. In the interim, the SHU will be required to submit the Annual Program Report to SSLTC.

It is important to note that TCHC and the proposed Seniors Housing Corporation are governed by other foundational documents, including the Shareholder Direction and Operating Agreement. The *Accountability Framework* focuses specifically on the programmatic elements of the ISM, which are beyond the scope of the current Shareholder Direction and Operating Agreement.

| Reporting Document | Contents |
|---|---|
| Annual Program Report | • The Seniors Housing Unit will prepare an Annual Program Report that summarizes actions taken on the programmatic elements of the ISM, and priorities for the following year.  The report will track progress towards the achievement of the ISM objectives of:<br>○ Building relationships of trust between senior tenants and housing staff;<br>○ Improving the delivery of housing services, with an increased focus on issues that impact seniors' housing stability;<br>○ Increasing access to health and community support services through enhanced integration of community agencies within the buildings<br>• The report will take a results-based accountability approach, answering for each of the four ISM innovations (new staffing |

| Reporting Document | Contents |
|---|---|
|  | model, seniors-specific policies and procedures, Seniors Health and Wellness Hubs, and designated Care Coordinators), as well as for Tenant Engagement and the STAC, three key questions: how much did we do, how well did we do, and is anyone better off?<br>• Refer to **Appendix G** for the specific Annual Program Report requirements. |

The submission of the Annual Program Report, as well as the submission of a select set of indicators (described in section 5b), will form the basis of the accountability relationship between the Seniors Housing Unit and the City of Toronto/SSLTC. It will enable SSLTC and the City of Toronto to monitor the implementation of the ISM, and assess the impact the model is having on senior tenants. The City of Toronto has a responsibility to review and respond to the Annual Program Report submitted by the SHU. Furthermore, the Annual Program Report will be available to the public to ensure that tenants, and other members of the public, can assess how the SHU and the City are working together towards achieving their common goals.

### *b. Key Performance Indicators*

This section describes the key performance indicators used to measure the impact of the ISM. Key performance indicators (KPIs) will be used to ensure the results-based accountability of the ISM. The KPIs will be compared against baseline data to assess if, over time, the ISM is meeting its stated objectives (as defined in the Logic Model – **Appendix C**) and addressing tenant priorities. The KPIs are based on available data sources from the SHU, TC LHIN, and the City of Toronto and reflect the priorities of tenants. In addition, new data collection strategies and sources have been proposed as part of the innovation of the ISM and the accountability relationship. Refer to the Data Dictionary in **Appendix H** for more details.

| ISM Objective | Key Performance Indicators | Expected Direction of Change | Source |
|---|---|---|---|
| Improve the delivery of housing services, with an increased focus on issues that impact seniors' housing stability | # of maintenance work orders created | Increase (then decrease) | SHU |
|  | Service level (i.e., % of maintenance orders completed within 5 business days) | Increase | SHU |
|  | # of pest control requests | Decrease | SHU |
|  | # of units with moderate or excessive clutter (hoarding) | Decrease | SHU |
|  | # of units identified as having pest issues through Annual Unit Inspection | Decrease | SHU |
|  | Tenant perceptions of building maintenance and cleanliness (via the Senior Tenant Experience Survey) | Increase | SHU |

| ISM Objective | Key Performance Indicators | Expected Direction of Change | Source |
|---|---|---|---|
|  | # of community safety events | Decrease | SHU |
|  | Types of community safety events | N/A | SHU |
|  | # of police calls to building | Decrease | City of Toronto |
|  | # of fire calls to building | Decrease | City of Toronto |
|  | # of false fire calls to building | Decrease | City of Toronto |
|  | Tenant perceptions of safety (via the Senior Tenant Experience Survey) | Increase | SHU |
|  | Total arrears – Value & # of households | Decrease | SHU |
|  | Retroactive arrears – Value & # of households | Decrease | SHU |
|  | Arrears under the loss of subsidy due to non-return of annual review – # of households | Decrease | SHU |
|  | # of repayment agreements | Increase | SHU |
|  | Repayment agreements – a ratio of households with repayment agreements versus # of households in arrears | Ratio will increase | SHU |
|  | # of outstanding annual rent reviews | Decrease | SHU |
|  | # of active legal files (arrears) | Decrease | SHU |
|  | # of active legal files (illegal acts) | Decrease | SHU |
|  | # of active legal files (health and safety) | Decrease | SHU |
|  | # of evictions executed | Decrease | SHU |
|  | Vacancy rate (target 2.3%) | Decrease | SHU |
| Increase access to health and community support services through enhanced integration of community agencies within the buildings | # of Tenant and Community Service (TCS) support requests created | Increase (then decrease) | SHU |
|  | Types of TCS support (e.g., arrears, concerning behaviour, critical incident follow up, transfer, relocation, unit condition, etc.) | N/A | SHU |
|  | # of referrals made to connect tenants with external services | Increase | SHU |
|  | # of partnerships created with community agencies (i.e., use of space agreements signed) | Increase | SHU |
|  | # of TC LHIN funded services offered in buildings | Increase | TC LHIN |
|  | # of tenants receiving any amount of service by a TC LHIN funded service | Increase | TC LHIN |

| ISM Objective | Key Performance Indicators | Expected Direction of Change | Source |
|---|---|---|---|
|  | # of low urgency emergency department visits from TCHC buildings | Decrease | TC LHIN |
|  | # of crisis placements from TCHC buildings | Decrease | TC LHIN |
|  | # TPS (Toronto Paramedic Services) Calls | Decrease | City of Toronto |
|  | Tenant perception of access to services and supports (via the Senior Tenant Experience Survey) | Increase | SHU |
| Build relationships of trust senior tenants and housing staff | # of newsletters issues produced | Increase | SHU |
|  | Overall tenant experience (via the Senior Tenant Experience Survey) | Increase | SHU |

*Notes:* TC LHIN indicators only apply to 74 of the 83 seniors-designated buildings as the remaining 9 buildings fall in other LHIN regions. In addition, the TC LHIN indicators are impacted by a range of other factors outside of the ISM and therefore, it is likely that change will not be realized in a short time span. Limitations to the data apply and must be considered. The TC LHIN provides this data as part of the partnership but is not accountable for performance in these indicators.

These indicators represent a starting point, and they will be refined going forward to ensure additional indicators to assess quality and outcomes are included, as available. For example, in addition to the indicators above which are currently collected and measured, TCHC is currently developing 30+ outcome-based Service Quality Indicators. These indicators will be tracked as part of the *Accountability Framework* when they become available.

*Senior Tenant Satisfaction (Senior Tenant Experience Survey)*

In the past, TCHC has conducted annual tenant experience surveys. However, these surveys have not been designed to evaluate senior tenants' experiences specifically related to changes made through the ISM, including the new staffing model and other key innovations. Under the ISM, the SHU will conduct a revised annual Senior Tenant Experience Survey in the 83 seniors-designated buildings. This survey will evaluate the ISM to better understand the changing perspectives of senior tenants and assess tenant perceptions of whether ISM is meeting its stated objectives. Results from the survey will be used to inform changes to the ISM, will be shared with tenants, and will be reported to SSLTC as part of the broader adherence to the *Accountability Framework*.

The contents of the survey will reflect the key innovations of the ISM, including:

- New staffing model, including the staffing level and staff training
- Seniors-specific policies and procedures in priority areas such as unit and building condition, safety and security, tenant to staff communication, access to services and supports, and eviction prevention
- Access to health and community support services

### *c. Implementation Key Performance Indicators*

Given the ISM will be rolled out in phases, the SHU will also be responsible for reporting on the implementation status of the program. Specifically, this includes reporting on the following implementation KPIs:

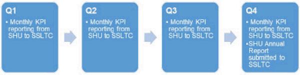
| Component | KPI | Source |
|---|---|---|
| New Staffing Model | % of new staff positions filled | SHU |
|  | # of training/professional development sessions offered | SHU |
|  | Staff to tenant ratios for new positions (SSC, TSA) | SHU |
| Seniors-Specific Policies and Procedures | # of new policies created in priority areas | SHU |
| Seniors Health and Wellness Hubs | # of hubs created | SHU |
|  | # of hub related partnerships | SHU |
|  | # of tenants accessing hubs | SHU/ Participating community agencies |
|  | # of tenants involved in hub establishment | SHU |
| Designated Care Coordinators | % of buildings with assigned TC LHIN Care Coordinator | TC LHIN |
|  | # of integrated team meetings between SHU staff at TC LHIN Care Coordinators | SHU |
| Tenant Engagement | # of STAC meetings | SHU |
|  | # of regional town halls hosted | SHU |
|  | # of participants in regional town halls | SHU |
|  | # of informal tenant consultations/ events (building-level) | SHU |

### *e. Reporting Cycle*

This section outlines the process for reporting the documents and indicators to SSLTC.

The SHU will be required to submit the SHU Annual Program Report at the end of the fiscal year, with a summary of the work undertaken in the previous year and the priorities for the next year. Throughout the year, the SHU will also be expected to report to SSLTC on the outcome and implementation KPIs listed in section 5b on a monthly basis.

The annual reporting cycle is outlined below:


Q1
• Monthly KPI reporting from SHU to SSLTC
Q2
• Monthly KPI reporting from SHU to SSLTC
Q3
• Monthly KPI reporting from SHU to SSLTC
Q4
• Monthly KPI reporting from SHU to SSLTC
•SHU Annual Report submitted to SSLTC

## Section 6: Quality Assurance and Compliance

This section will outline SSLTC's responsibility to support the SHU if they are:

- Non-compliant in terms of the reporting process outlined in section 5; or
- Reporting sub-optimal outcomes.

Depending on which of these situations occurs, the response will differ.

In situations of noncompliance in reporting:
If the SHU fails to submit the SHU Annual Program Report or monthly KPI data to SSLTC, SSLTC will work with senior staff (SHU General Manager) to inquire about the reason for the lack of reporting and identify barriers. If issues persist, SSLTC will extend a formal request for the information and provide a revised timeline within which the SHU will be required to provide the required documentation.

In situations of reporting sub-optimal outcomes:
During the course of Phase 1 rollout, SSLTC will work closely with the SHU to assess whether the ISM is achieving its intended outcomes. It is possible that – especially during the pilot period – the SHU may report negative, or unchanging, outcomes. This does not necessarily indicate poor performance on behalf of the SHU or of staff and could represent issues with the model. The phased approach will allow SSLTC to work closely with SHU staff to track indicators, observe change, and assess whether or not interventions are having the intended outcomes. If they are not, SSLTC and SHU will work collaboratively to identify new opportunities and strategies to address lingering challenges, which can be rolled out in subsequent phases of the model.

After Phase 1 rollout, there may still be situations where the SHU reports on suboptimal outcomes. This situation could represent a fundamental issue with the ISM, or broader structural issues with the SHU. If negative trends in the KPIs are observed, SSLTC will request the SHU GM to formalize and report back on a plan of how they intend to address the issues. This should be built into the Annual Program Report. If improvements are not achieved within the timeframe set out by the SHU, SSLTC will work with other City divisions to ensure appropriate action is taken (within the City's role as a sole shareholder) to enforce change.

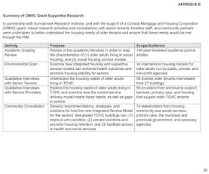
## Section 7: Appendices

Appendix A: Overview of Engagement on the Integrated Service Model
Appendix B: Summary of CMHC Grant Supported Research
Appendix C: Integrated Service Model Logic Model
Appendix D: List of 83 Seniors-Designated TCHC Buildings
Appendix E: Integrated Service Model Staffing Model
Appendix F: Proposed Staff Training Topics
Appendix G: Reporting Requirements
Appendix H: Data Dictionary

### Overview of Engagement on the Integrated Service Model and Accountability Framework

The following chart is a record of stakeholder engagement that has taken place in the development and initiation of the Integrated Service Model and *Accountability Framework*.

| **PHASE 1 (2017-2018): Collaborate with stakeholders to develop recommendations for May 2018 report (EX34.3)** | | | |
|---|---|---|---|
| **Purpose** | **Description** | **Date** | **Details** |
| Involve tenants and collaborate with service providers in designing a tenant-focused service delivery model for seniors, including the development of Seniors Hubs. | • Meetings with four Senior Tenant Councils to identify issues around tenant participation; customer service; security; maintenance and repairs | October – November 2017 | • **Participants:** 30<br>• **Report/Record:** Senior Tenant Council Meeting Minutes<br>• **Lead**: Tenants First |
| | • Meeting with two senior tenant representatives to identify priorities | November 2017 | • **Participants: 30**<br>• **Lead**: Tenants First |
| | • Workshops with tenants and service providers at Byng Towers/Oakridge | December 2017 | • **Participants**: 65<br>• **Report/Record**: Byng Towers Case Study<br>• **Lead**: Tenants First |
| | • 23 meetings with Tenants First's Tenant Advisory Panel | 2017 to July 2019 | • **Participants**: 13<br>• **Lead**: Tenants First |
| **PHASE 2 (2018): Inform senior tenants of recommendations in May 2018 report (EX34.3)** | | | |
| **Purpose** | **Description** | **Date** | **Details** |
| Educate all tenants of recommendations in May 2018 report (EX34.3), including the Seniors Housing Unit, transition to Seniors Housing and Services Entity, and the Seniors Strategy. | • Update website (Tenants First/TCHC) with key meeting dates and link to report (EX34.3) | May 2018 | • **Lead**: Tenants First |
| | • Five information meetings in seniors' and non-seniors buildings (246 Sackville, City Hall, Sheppard Place, Seneca Towers, and Brimley Acres) | May 2018 | • **Participants**: 123<br>• **Report/Record**: 'Focus on Seniors' Record of Discussion<br>• **Lead**: Tenants First |
| | • 'Update on Tenants First': mass communication to all tenants sent by TCHC<br>• Letters sent to senior tenants and those in OUM outlining the creation of the Seniors Housing Unit | June 2018 | • **Lead**: Tenants First |
| | • Presentation to Toronto Seniors Strategy Accountability Table | June 2018 | • **Participants**: 50<br>• **Report/Record**: Toronto Seniors Strategy Meeting Minutes<br>• **Lead**: Tenants First |
| | • Presentation to Toronto Seniors Forum | June 2018 | • **Participants**: 30<br>• **Report/Record**: Toronto Seniors Forum Meeting Minutes<br>• **Lead**: Tenants First |
| **PHASE 3 (2018): Work with senior tenants to plan systems for ongoing senior tenant engagement** | | | |
| **Purpose** | **Description** | **Date** | **Details** |
| Involve tenants in identifying appropriate engagement processes with tenants to design a service delivery model for seniors. | • Meeting with Seniors Voice | July 2018 | • **Participants**: 12<br>• **Lead**: Tenants First |

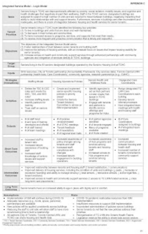


APPENDIX B

## Summary of CMHC Grant Supported Research

In partnership with Sunnybrook Research Institute, and with the support of a Canada Mortgage and Housing Corporation (CMHC) grant, robust research activities and consultations with senior tenants, frontline staff, and community partners were undertaken to better understand the housing needs of older tenants and ensure that these needs would be met through the ISM.

| Activity | Purpose | Scope/Audience |
|---|---|---|
| Academic Scoping Review | Review of the academic literature in order to map the characteristics of (1) older adults living in social housing; and (2) social housing service models | 140 peer-reviewed academic journal articles |
| Environmental Scan | Examine how integrated housing and supportive service models can enhance health outcomes and promote housing stability for seniors | 34 international housing models for older adults run by public, private, and non-profit agencies |
| Qualitative Interviews with Senior Tenants | Understand the housing needs of older adults living in TCHC | 58 diverse older tenants interviewed from 27 buildings |
| Qualitative Interviews with Service Providers | Explore the housing needs of older adults living in TCHC and examine how the current service delivery model meets those needs, as well as gaps in service | 58 providers from community support services, primary care, and housing that support older TCHC tenants |
| Community Consultation | Develop recommendations, strategies, and solutions for how the new Integrated Service Model for the seniors' designated TCHC buildings can: (1) improve unit condition; (2) prevent evictions and promote housing retention; and (3) facilitate access to health and social services. | 74 stakeholders from housing, community and social services, primary care, the municipal and provincial government, and advocacy agencies |



APPENDIX C

Integrated Service Model – Logic Model

APPENDIX D

## List of 83 Seniors-Designated TCHC buildings

(Sorted by Seniors Housing Unit region)

| Development Name | Address | Ward | No. of Units | Seniors Housing Unit Region |
|---|---|---|---|---|
| Beaches Lions Centennial | 50 Norway Ave. | 19 | 43 | South East |
| Blair Court | 266 Donlands Ave. | 14 | 254 | South East |
| Broadview Ave. (717) | 717 Broadview Ave. | 14 | 69 | South East |
| Broadview Manor | 80 Danforth Ave. | 14 | 131 | South East |
| Byng Towers | 3330 Danforth Ave. | 20 | 194 | South East |
| East York Acres | 9 Haldon Ave. | 19 | 200 | South East |
| Frances Beavis Manor | 369 Pape Ave. | 14 | 139 | South East |
| Glen Stewart Acres | 828 Kingston Rd. | 19 | 147 | South East |
| Glenyan Manor | 10 Deauville Lane | 16 | 247 | South East |
| Greenwood Towers | 145 Strathmore Blvd. | 14 | 350 | South East |
| Harrison House | 7 Coatsworth Cr. | 19 | 48 | South East |
| Kinsmen Manor | 2287 Gerrard St. E. | 19 | 38 | South East |
| May Birchard Apartments | 859 Dundas St. E. | 14 | 29 | South East |
| Scarborough Acres | 575 Danforth Rd. | 20 | 16 | South East |
| St. George Manor | 17 Brimley Rd. | 20 | 330 | South East |
| Sunrise Towers | 1420 Victoria Park Ave. | 16 | 330 | South East |
| The Overlea | 12 Thorncliffe Park Dr. | 15 | 219 | South East |
| Woodbine Acres | 133 Merrill Ave. E. | 19 | 42 | South East |
| Bathurst Place | 3336 Bathurst St. | 8 | 160 | Central |
| Doug Saunders Apartments | 1775 Eglinton Ave W. | 12 | 300 | Central |
| George Barker Manor | 384 Mount Pleasant Rd. | 12 | 155 | Central |
| Janet Magee Manor | 71 Merton St. | 12 | 167 | Central |
| Joseph Brown Manor | 3179 Yonge St. | 15 | 110 | Central |
| King High Acres | 12 King High Ave. | 6 | 31 | Central |
| Lawrence Avenue W. (650) | 650 Lawrence Avenue West | 8 | 14 | Central |
| Louise Towers | 130 Vaughan Rd. | 12 | 99 | Central |
| Marjory Carton Apartments | 193 Wilson Ave. | 8 | 125 | Central |
| Montgomery Place | 130 Eglinton Ave. E. | 12 | 268 | Central |
| Moore Place | 801 Mount Pleasant Rd. | 15 | 185 | Central |
| Northacres Apts. | 2 Flemington Rd. | 8 | 16 | Central |

*highlighted buildings are not directly managed by TCHC, operations are managed by contracted companies

APPENDIX D

| Development Name | Address | Ward | No. of Units | Seniors Housing Unit Region |
|---|---|---|---|---|
| Northacres Apts. | 4 Flemington Rd. | 8 | 16 | Central |
| Northacres Apts. | 6 Flemington Rd. | 8 | 16 | Central |
| Northacres Apts. | 8 Flemington Rd. | 8 | 15 | Central |
| Northacres Apts. | 14 Flemington Rd. | 8 | 16 | Central |
| Northacres Apts. | 16 Flemington Rd. | 8 | 16 | Central |
| Northacres Apts. | 18 Flemington Rd. | 8 | 16 | Central |
| Northacres Apts. | 20 Flemington Rd. | 8 | 16 | Central |
| Saranac Apartments | 3174 Bathurst St. | 8 | 181 | Central |
| Sheppard Place | 4455 Bathurst St. | 6 | 301 | Central |
| The Sherwood | 2567 Yonge St. | 15 | 105 | Central |
| West Don Apartments | 6250 Bathurst St. | 6 | 389 | Central |
| Alexandra Park Apartments | 91 Augusta Ave. | 10 | 297 | Downtown |
| Beverley Manor | 168 John St. | 10 | 180 | Downtown |
| Collegeview Apartments | 423 Yonge St. | 13 | 340 | Downtown |
| Donvale Manor | 330 Gerrard St. E. | 13 | 81 | Downtown |
| Edna Dixon Apartments | 540 Queen St. E. | 13 | 44 | Downtown |
| Kensington Manor | 34 Oxford St. | 11 | 189 | Downtown |
| King Street East (585) | 585 King Street East | 13 | 128 | Downtown |
| Leonardo Court | 72 Clinton St. | 11 | 157 | Downtown |
| May Robinson Apartments | 20 West Lodge Ave. | 4 | 299 | Downtown |
| May Robinson Apartments | 25 West Lodge Ave. | 4 | 98 | Downtown |
| McMurrich Place | 18 Davenport Rd. | 11 | 128 | Downtown |
| Riverdale Acres | 230 River St. | 13 | 25 | Downtown |
| Sackville St. (252) | 252 Sackville St. | 13 | 159 | Downtown |
| Springhurst Manor | 1447 King St. W. | 4 | 59 | Downtown |
| The Rankin Apartments | 55 Rankin Cres. | 9 | 176 | Downtown |
| William Dennison Apartments | 310 Dundas St. E. | 13 | 155 | Downtown |
| William Dennison Apartments | 237 Sherbourne St. | 13 | 11 | Downtown |
| Winchester Square | 55 Bleecker St. | 13 | 280 | Downtown |
| Arleta Manor | 7 Arleta Ave. | 7 | 201 | West |
| Arleta Manor | 11 Arleta Ave. | 7 | 171 | West |
| Edgeley Apartments | 35 Shoreham Dr. | 7 | 323 | West |
| Edwards Manor | 340 Royal York Rd. | 3 | 307 | West |
| Griggs Manor 1 | 100 Cavell Ave. | 3 | 300 | West |
| Griggs Manor 2 | 88 Cavell Ave. | 3 | 100 | West |
| Islington Manor | 41 Mabelle Ave. | 3 | 350 | West |
| Kendleton Dr. (111) | 111 Kendleton Dr. | 1 | 58 | West |

*highlighted buildings are not directly managed by TCHC, operations are managed by contracted companies

APPENDIX D

| Development Name | Address | Ward | No. of Units | Seniors Housing Unit Region |
|---|---|---|---|---|
| Lorette Manor | 250 Twelfth St. | 3 | 178 | West |
| Outlook Manor | 55 Outlook Ave. | 5 | 275 | West |
| Silverthorn Place | 600, 602-612B Rogers Rd. | 5 | 207 | West |
| Woods Manor | 2835 Lakeshore Blvd. W. | 3 | 148 | West |
| Beecroft Manor | 35 Park Home Ave. | 18 | 283 | North East |
| Brimley Acres | 2950 Lawrence Ave. E. | 21 | 200 | North East |
| Cedarbrae Manor | 65 Greencrest Circuit | 24 | 400 | North East |
| Cliffwood Manor | 4300 Don Mills Rd. | 17 | 397 | North East |
| Gus Harris Place | 120 Town Haven Place | 20 | 150 | North East |
| Neilson Hall Apartments | 1315 Neilson Rd. | 25 | 126 | North East |
| Sanderling Place | 20 Sanderling Place | 16 | 90 | North East |
| Seneca Towers | 1700 Finch Ave. E. | 17 | 275 | North East |
| Tam O'Shanter Towers | 3825 Sheppard Ave. E. | 22 | 300 | North East |
| The Kempford | 5430 Yonge St. | 18 | 239 | North East |
| Willowdale Manor | 175 Cummer Ave. | 18 | 246 | North East |
| Wishing Well Manor | 2008 Pharmacy Ave. | 22 | 253 | North East |
| **Total Number of Buildings** | | | | 83 |
| **Total Number of Developments** | | | | 73 |
| **Total Number of Units** | | | | 13,904 |

*highlighted buildings are not directly managed by TCHC, operations are managed by contracted companies

APPENDIX E

# Integrated Service Model Staffing Model

## Comparison of Current and ISM Staffing Models

| Current Staffing Model | | New Staffing Model | |
|---|---|---|---|
| **Title** | **Description** | **Title** | **Description** |
| Community Service Coordinator (CSC) | • Supports tenancy challenges & tenant needs<br>• Connects tenants to external supports<br>• Division of Support & Engagement Roles | Senior Services Coordinator (SSC)* | • Main point of contact for all tenant-facing services<br>• Works with maintenance staff on site in the building<br>• Provides access and support service, with responsibility for tenancy management |
| Tenant Services Coordinator (TSC) | • Vacancies<br>• Arrears<br>• Annual Income Verification<br>• Tenancy Management | Tenant Services Administrator (TSA) | • Takes on the administrative tenancy management functions<br>○ e.g. routine correspondence, rent assessments, data collection, etc. |
| | | Support & Engagement Supervisor | • Works out of Region Office<br>• Manages and supports SSCs in buildings<br>• Oversees tenant support, engagement and partnership development |

* Formerly titled Housing Stability Coordinators

APPENDIX F

### Proposed Staff Training Topics

Through the Integrated Service Model, there will be a renewed focus on training and ongoing professional development on seniors-specific topics for all housing and building staff.

In addition to existing TCHC training, staff in the Seniors Housing Unit will receive training and professional development on the following topics (this is a non-exhaustive list that will be re-visited based on emerging issues and identified needs):

- Conflict Resolution
- Non-violent Crisis Intervention
- Customer Service
- Financial Supports for Seniors (OAS, GIS, CPP)
- Mental Health and Addictions (e.g. Mental Health First Aid)
- Working with Vulnerable Populations
- Dementia and Cognitive Impairments
- Physical Impairments
- Diversity and Inclusion
- Anti-Black Racism
- Elder Abuse (physical, sexual, emotional, neglect, financial)
- Unit Takeovers and the Unique Needs of Seniors
- Navigating Services for Seniors
- Rights of Seniors
- Confidentiality and Privacy

Staff members will receive different training based on their roles. Where possible, the Seniors Housing Unit will work with partners to deliver training.

APPENDIX G

### Reporting Requirements

As outlined in the *Accountability Framework*, the Seniors Housing Unit is responsible for submitting the following documentation to SSLC:

- *Annual Program Plan*[1]
- *Monthly KPI Reports*

**1) Annual Program Plan**

The Annual Program Plan provides a summary of progress towards the implementation of the ISM requirements and achievement towards the ISM objectives:

  - Building relationships of trust between senior tenants and housing staff;
  - Improving the delivery of housing services, with an increased focus on issues that impact seniors' housing stability;
  - Increasing access to health and community support services through enhanced integration of community agencies within the buildings.

The Annual Program Plan is required for submission by the SHU to SSLTC in Q4 of each year and should include the following:

| ISM Requirements | Summary of Activities | Outcomes (Results-Based Accountability) | Priorities for the Next Year |
|---|---|---|---|
| 1) New Staffing Model | Summarize the actions taken in the past year towards the ISM requirement, as outlined in the *Accountability Framework*.<br>May include successes, challenges, opportunities, etc.<br>Activities should be summarized at a regional level where possible. | Provide a summary of:<br>- How much was done?<br>- How well was it done?<br>- Is anybody better off as a result of the change?<br>Identify how progress has been made towards the achievement of the three ISM objectives.<br>This should be demonstrated using quantitative/qualitative indicators, where available. | Summarize the priorities within each of the ISM requirements for the next year, and the strategies that will be implemented to achieve these goals.<br>*Activities should be summarized at a regional level where possible.* |
| 2) Seniors-Specific Policies and Procedures | | | |
| 3) Seniors Health and Wellness Hubs | | | |
| 4) Designated Care Coordinators | | | |
| 5) Senior Tenants Advisory Committee | | | |
| 6) Other Tenant Engagement | | | |

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[1] SSLTC will work with SSHA and other City partners to streamline the reporting requirements outlined the Annual Program Plan into the annual reporting requirements for the Seniors Housing Corporation, once established, to minimize reporting burden for the new Corporation.

APPENDIX G

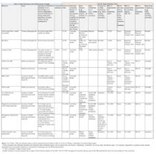
**2) KPI Reports**

The KPI Reports will be submitted by the SHU to SSLTC on a monthly basis and will include all KPIs outlined below. In addition, the Service Quality Indicators currently under development by TCHC will be tracked as they become available.

| Key Performance Indicators | Expected Direction of Change | Source |
|---|---|---|
| Total # of maintenance work orders created | Increase (then decrease) | SHU |
| Service level (i.e., % of maintenance orders completed within 5 business days) | Increase | SHU |
| # of pest control requests | Decrease | SHU |
| # of units with moderate or excessive clutter (hoarding) | Decrease | SHU |
| # of units identified as having pest issues through Annual Unit Inspection process | Decrease | SHU |
| Tenant perceptions of building maintenance and cleanliness (via the Senior Tenant Experience Survey) | Increase | SHU |
| # of community safety events | Decrease | SHU |
| Types of community safety events | N/A | SHU |
| Tenant perceptions of safety (via the Senior Tenant Experience Survey) | Increase | SHU |
| Total arrears – Value & # of households | Decrease | SHU |
| Retroactive arrears – Value & # of households | Decrease | SHU |
| Arrears under the loss of subsidy due to non-return of annual review – # of households | Decrease | SHU |
| # of repayment agreements | Increase | SHU |
| Repayment agreements – ratio of households with repayment agreements versus # of households in arrears | Ratio will increase | SHU |
| # of outstanding annual rent reviews | Decrease | SHU |
| # of active legal files (arrears) | Decrease | SHU |
| # of active legal files (illegal acts) | Decrease | SHU |
| # of active legal files (health and safety) | Decrease | SHU |
| # of evictions executed | Decrease | SHU |
| Vacancy rate (target 2.3%) | Decrease | SHU |
| # of Tenant and Community Service (TCS) support requests created | Increase (then decrease) | SHU |
| Types of TCS support (e.g., arrears, concerning behaviour, critical incident follow up, transfer, relocation, unit condition, etc.) | N/A | SHU |
| # of referrals made to connect tenants with external services | Increase | SHU |

APPENDIX G

| Key Performance Indicators | Expected Direction of Change | Source |
|---|---|---|
| # of partnerships created with community agencies (i.e., use of space agreements signed) | Increase | SHU |
| Tenant perception of access to services and supports (via the Senior Tenant Experience Survey) | Increase | SHU |
| # of newsletters issues produced | Increase | SHU |
| Overall tenant experience (via the Senior Tenant Experience Survey) | Increase | SHU |



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